

REPORT OF UNCLAIMED SAFE DEPOSIT BOX CONTENTS

REVENUE				For Departme			
(A) Holder		(C) Report Yes	ar	_ Accept	Initials		
		_		☐ Reject			
(B) Holder Number		(D) Period Covered To		Allowed Amounts:			
(b) Holder Humber		(D) Tenou co	voica10	Rental Charges			
One Owner Per Page				Drilling Fees			
1) Safe Deposit Box Number			5) Date of Abandonment (Month, Day, Year)				
2 & 3) Owner's Name & Social S	ecurity Number		6) Branch Property Was Held				
			Branch Name				
Last Name	First	Middle					
Social Security Number			Street or PO Box				
Social Security Number			City	State	Zip Code		
4) Owner's Mailing Address			7) Amount Due Holder				
			Drilling	<u>Type</u> <u>A</u>	Amount		
Street or PO Box				Rent\$			
				oing\$			
City	State	Zip Code	Other	\$			
8) Itemized Description of Conte	nts (One Item Per Line o	r Attach Itemized List):					
1			_ 8				
2			9				
3			10				
4			11				
5			12				
6			13				
7			14		_		

To inquire about the availability of this form in an alternate format for the visually impaired or a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access information on our Internet home page at http://www.wa.gov/dor/wador.htm.